

Superior Court Collections 1625 W Main Street El Centro, CA 92243	For Court Use Only
Mandatory Amnesty Participation Form – Imperial County October 1, 2015 to March 31, 2017	
Case Number: _____	

Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 DL #/State: _____ Date of Birth: _____ Social Security #: _____ - _____ - _____
 Phone Number: () _____ Cell Phone Number: () _____
 Email address: _____

Please select at least one of the following options you are seeking under the Amnesty Program:

☐ A reduction in unpaid bail/fines/fees due on or before 01/01/2013 **and/or** ☐ driver's license reinstatement

I declare all of the following are true:

- ☐ I do not owe restitution to a victim within the county where the violation occurred.
☐ I do not have any outstanding misdemeanor or felony warrants within the county the violation occurred.
☐ I have not made a payment on this case after 09/30/2015 (applies to amnesty fine reduction option only).

I understand each of the following:

- ☐ I must pay the reduced balance owed in full at this time or comply with terms of a payment plan.
☐ I understand that I am responsible for an amnesty program fee of \$50 to be paid with my first payment.
☐ I understand that if I default under an amnesty payment plan, the remaining balance may be referred to a third party, which may include the California Franchise Tax Board, for further collections.
☐ I understand that the release of my driver's license to the CA DMV may take up to five (5) business days.

Complete either Section A or B as directed:

A. I receive the following public assistance (check all that applies):

- ☐ Supplemental Security Income/SSI ☐ State Supplementary Payment/SSP ☐ County relief, general relief, or general assistance
☐ Medi-Cal ☐ CalWORKs ☐ Cash Assistance Program for Immigrants (CAPI) ☐ In-Home Supportive Services (IHSS)
☐ Tribal Temporary Assistance for Needy Families (TANF) ☐ CalFresh (Supplemental Nutrition Assistance Program)

B. I certify the following: My total gross monthly household income is \$ _____, and a total of _____ dependents live in the household.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$433.34 for each extra person
1	\$1,226.05	3	\$2,092.71	5	\$2,959.38	
2	\$1,659.38	4	\$2,526.05	6	\$3,392.71	

I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that if I do not provide correct information to determine the level of debt reduction, I may be responsible for an adjusted amount.

Signature _____ Date _____

COLLECTION PROGRAM USE ONLY

Status (Agency): _____ Due Date: _____ Original balance: _____ Amnesty Amount Due: _____
 The Superior Court of Imperial County has verified case eligibility for the amnesty program and has determined the following:
 50% reduction _____ 80% reduction _____ Full Payment (no reduction) _____ Payment Plan _____ DL Reinstatement _____

Certified by: _____ Title: _____